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MANAGING SELF-CONSCIOUS EMOTION IN BREASTFEEDING SUPPORT: A THEORETICALLY INFORMED META-SYNTHESIS

DAWN LEEMING, JOYCE MARSHALL & SOPHIE HINSLIFF

UNIVERSITY OF HUDDERSFIELD
SUPPORT FOR BREASTFEEDING

• Crucial for increasing rates of breastfeeding
• More is known about outcomes than processes (Leeming et al., 2017)

AIM: to explore the management of emotional processes by re-examining previous research on women’s experiences of breastfeeding support
BREASTFEEDING IS CULTURALLY CONTESTED

MORAL IMPERATIVE

BEAUTIFUL

NATURAL

FEMININE

RELATIONSHIP

DEVIAN T

SELFISH

DIFFICULT

DISGUSTING

INDISCREET
ACCESSING SUPPORT MAY HAVE COMPLEX MEANINGS?

• Am I successfully becoming a good mother?
• What kinds of women do / don’t breastfeed?
• What will they think of me for………?
• Is there something wrong with me?
• I should have… / I ought to…

NB Negative self-evaluation and perceived judgement may be an issue for some

(e.g: McInnes & Chambers, 2008; Ryan et al., 2010; Spencer et al, 2015; Thomson et al., 2015; Williamson et al., 2012)
SELF-CONSCIOUS EMOTION AS A USEFUL FRAMEWORK

• Experience of self-evaluation is not just cognitive: can invoke powerful feelings and bodily sensations

• SHAME, GUILT, EMBARRASSMENT, HUMILIATION, PRIDE – feelings when we evaluate ourselves & consider others’ evaluations of us
SELF-CONSCIOUS EMOTIONS

PRIDE: Positive evaluation of self or behaviour / achievements

GUILT: Evaluation of behaviour as wrongdoing. Concern with hurting others & with reparation.

SHAME: Evaluation of self as bad. Sense of exposed bad self - unworthy of belonging. Others as critical / rejecting

EMBARRASSMENT: Others are evaluating our behaviour as foolish / out of place - a gaffe

HUMILIATION: Demeaned unfairly by others – rage

[See Brown, 2006; Gilbert, 2003; Sabini et al., 2001; Tracy & Robins, 2007; Lewis 1993; Tangney & Dearing, 2002]
SELF-CONSCIOUS EMOTION IS INTERPERSONAL

• Evaluating self-in-relation-to-others, with reference to common cultural understandings (Gilbert, 2003; Tracy & Robins, 2007; Scheff, 2003)

• Managed interpersonally - apology, forgiveness, empathy, withdrawal, attack, blame, laughing (Brown, 2006; Leeming & Boyle, 2013; van Vliet, 2008)

Therefore: SCE relevant to interactions around breastfeeding support
SELF-CONSCIOUS EMOTION IS OFTEN SILENT

Research on self-conscious emotion and breastfeeding support is limited

e.g. Leeming, 2016; Taylor & Wallace 2012; Thomson et al. 2015; Williams et al. 2012; Williamson et al. 2012; Woollard 2016
THEORETICALLY INFORMED META-SYNTHESIS

Re-examination of research on experiences of breastfeeding support using self-conscious emotion as a sensitising concept:

• Systematic search identified 29 UK papers 2007-2016 & quality confirmed
  • Varied forms of support: generic & specialist; professional and formal peer support; inpatient & community; telephone & face-to-face
  • Exploration of women’s perspectives & experiences
  • Varied samples & contexts

• Template analysis (King & Brooks, 2017) of reported findings

• Informed by a broad conceptualisation of self-conscious emotion:
  • focus on ‘self’: self-evaluation & perceived treatment of / response to self
THREE KEY THEMES

• A precarious self
• The emotional ‘work’ of managing the infant-feeding-self
• Validation vs invalidation by breastfeeding supporters
A PRECARIOUS SELF
(THROUGH A FRAGMENTED LOOKING GLASS)

‘My greatest achievement’

‘It doesn’t look as if you’ve got enough milk’

‘She said you will be like a cow’

‘You have to keep your breast hidden’

‘I just felt like a complete failure’

‘Maybe I’m being selfish by not giving her a bottle’

‘You are making a rod for your own back’

‘An inferior mother’

‘I should know what to do’

‘Natural & right for me’

‘I can do this for him’
EMOTIONAL WORK OF MANAGING INFANT-FEEDING-SELF

A sense of agency in managing a precarious self:

• Strategic seeking of connection / disconnection

• Selective adoption & adaptation of advice

• Impression management with breastfeeding supporters (‘illusions of compliance’ – Spencer et al., 2015; pretending to cope)

• Reconstructing identity in conversation (e.g. externalisation; justification; declaring guilt; ‘moral work’ Ryan et al 2010)
VALIDATION  VS  INVALIDATION

MESSAGE RECEIVED:
I have confidence in you. I value you and your baby, and accept your choices and struggles as meaningful. Your feelings make sense.

MESSAGE RECEIVED:
You and your baby are unimportant to me. Your needs, choices and feelings are either of no concern, are inappropriate, or do not make sense.
CONCLUSIONS

• A ‘focused synthesis’ can be useful for attending to important aspects of experience?
  • Though doesn’t synthesise the totality of experience

• Women are not simply engaging with support for breastfeeding – they are often managing conflicting identity claims

• Validation by supporters may need to be proactive – invalidation may be assumed by women and unspoken

• Could breastfeeding promotion & support be expanded to address self-conscious emotion more explicitly?
REFERENCES

Available from authors.